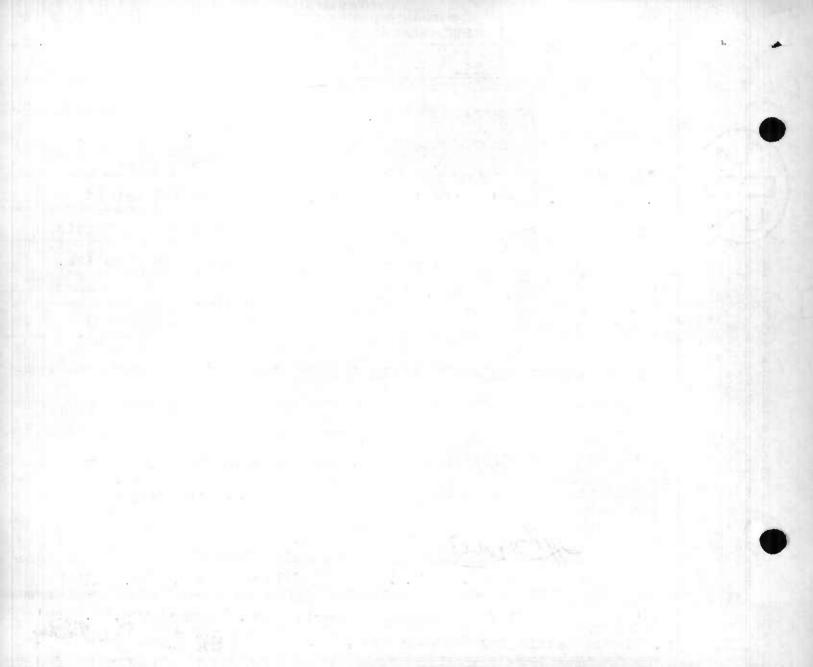
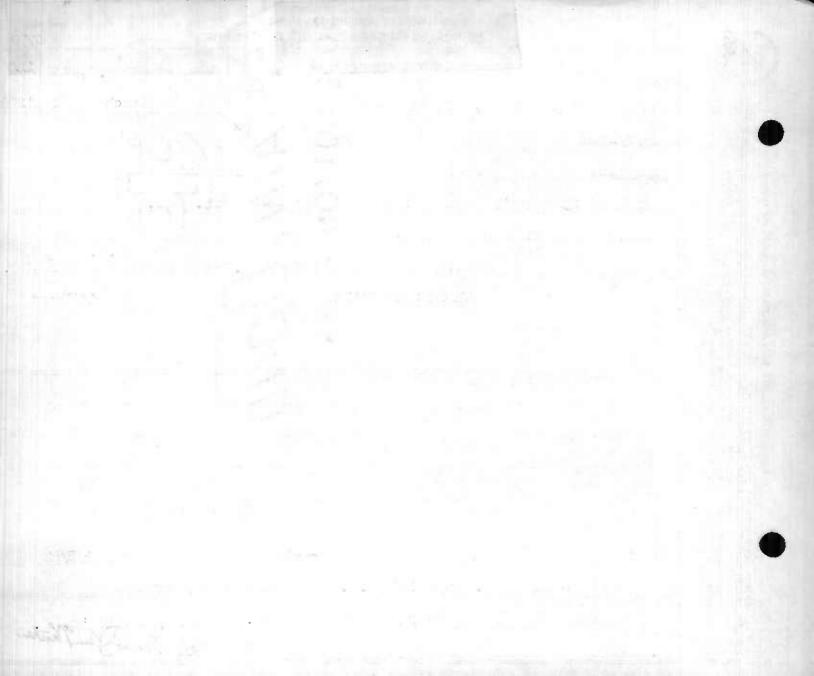
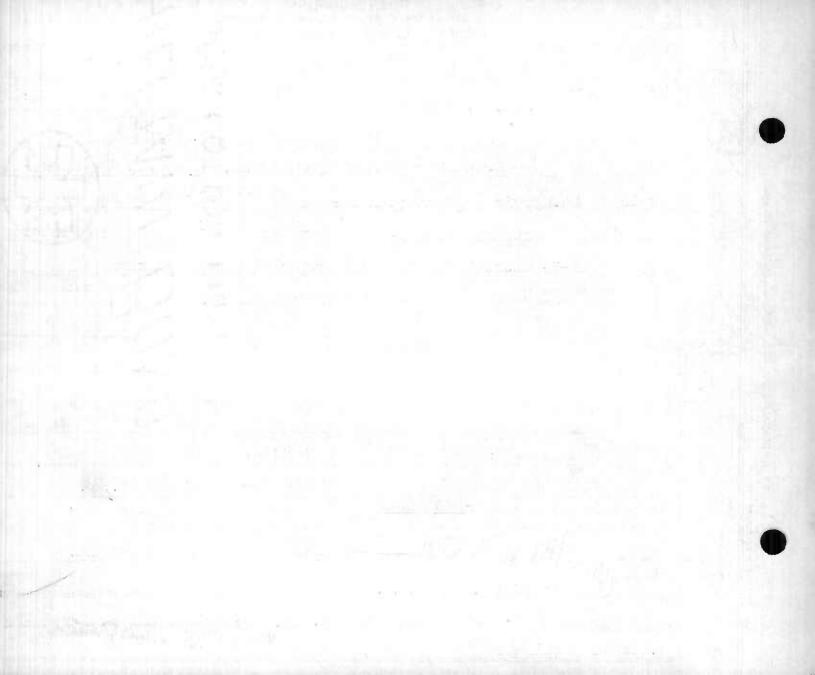
1		FOR STATE				MENT OF H	EALTH	ARYLAND AND MENTA		-		0	7 9 7	19
1		REGISTRAR	AE FIRST	MED	MIDDLE	EXAMINE	R'S C	ERTIFICATE AST	OF DE	20. DATE	REG.		DAY YEAR	2h HOUR
		E OR PRINT)	Agnes	CECETT	ı E	vans		Barnes		OF DEATH	ESTI- MATED	□ 3	8 19 8	32 "
	3. SEX	emale	black	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY YRS	MONTH:		DER 24 HRS.	PRONOUN DE AD	NCED3	HTMOM 8	BAY VEA	1:25/A
5	FO	RTHPLACE (S REIGH COUNTRY) Mar	vland	76. CITIZEN OF WH.	AT COUN	1	MARRIE	D NEVER MA	ARRIED			y OR COUN	Ounty	MD
		ir or town	nia	II. NAME OF HOSP (IF NOT IN SUCH FAC Rt 235 So	of	Chance 1	lors		12a USI FOR	JAL OCCU	PATION (IKING LIFE)	TYPE OF WORK	126 KIND OF OR INDU	BUSINESS STRY
5	130. S MC	TATE	13b. COU St.	or other institution, give NTY Mary s	13c CITY	e before admission or town kingtol		13d. Inside City Limit 19es 🖟 No	5? 13e. STR	BOX	s 105	Lot	84	
2		Franc		hiddle Otha	14. 50	Evans		Maria Minimum		Lou	Se		Curtis	
	NC	ES, NO, OR UNKN	OWN) (IF YES, GN	VE WAR OR DATES)		5-34-3		Pamela	Barn	es	Sa		s 13e.	
	NC	gave r cause (a lying ca		h le (b)	S A COM	NSEQUENCÉ ÓI NSEQUENCE OI ATED TO THE TERMIN		OR CONDITION GIVEN I	N PART I o					
	TIFICATION	190. DATE OI	FOPERATION	196 CONDITI	ON FOR	WHICH OPERA	TION WA	AS PERFORMED?					20 AUTOPS	Y? NO 🗆
	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK 22e. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ING CAUSE OF COCCURRED NOT WHILE AT WORK If y that I tack cha	rge of the remains described by Hormez R.	MONTH 3/8 - INJURY RY, FARM, II Oadw Accident	19 82 (AT HOME. Ay ove, held on	Rt Autops:	Hamicide TITLE (SPECIFY D. ASSIS	Chance Ch	/fixe CITY OR TO ellor Inquiry ermined mo	SRuni	ject/i St.c Rd,Ca and in my o	fire Mary Co lifornia 3/8/82	
	Bi	urial		3/13/82				norial	Gdn.	Leon	_		Št Mar	y S M
		"Clar	ke Mati	tingleyoness	Leo	nardto	wn,	Md. 250. DA	TE REC'D. BY	1982	Con RE		and the	eau



	1,-	FOR STATE		DEF		E OF MARYLAND EALTH AND MENT	'AL HYGIENÌ	3 2	0 7	98	0
And the second		REGISTRAR				R'S CERTIFICAT	TE OF DEA	TH REG	. NO.		0730
CEMEN		PE OR PRINT)	FIRST		DDLE	LAST	2	OF ESTI-	MONTH	DAY YEAR	7h HOUR
EF SS F			MES	ALBERT		RROUGHS		DEATH MATED	Mar	.6,1982	1 2 2 3 G
ORE, MD. 21201 DEATH. IF ANY DELAY IS NECESSARY, PLANES, AND 31 O'THE FUNERAL DIRECT. ACES 1, 2, AND 31 O'THE FUNERAL DIRECT. AND 2 SHOULD BE FILED, WITHIN 72 HOUR OEVITAL RECORDS, 201 W. PRESTON STREET	3. SE	X 4. RACE		ATE OF BIRTH	6. AGE (IN YEAR			C. DATE	MONTH	DAY YEAR	2d. HOUR
ON OUR				ay 6,193				DEAD	March	17	1200
NECESSARY UNERAL DIII S FOR YOU WITHIN 72	70. E	DIRTHPLACE (STATE OR OREIGN COUNTRY)	76.	CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER	MARRIED T	BALTIMORE CIT	Y OR COUNT	TY OF DEATH	400
N N N N N N N N N N N N N N N N N N N	4	Maryland		USA		MIDOMED DI	VORCED -		ary's		MD.
Y IS	10. 0	ITY OR TOWN OF DEA	TH 11.	NAME OF HOSPITA (IF NOT IN SUCH FACILITY	AL, NURSING HOME,	OR OTHER INSTITUTION	120 USU/	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK	OR INDUSTR	SINESS
DELAY 3 TO TH N PAC 20S, 20		Chaptico			nome			rming	24		
ANY DANY DANY DANY DANY DANY DANNO 3 RETAIN	USU 13a.	AL RESIDENCE (IF IN NUR	ISING HOME OR OTH		SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIN	NITS? 13e. STRE	ET ADDRESS			
AND RETAINSHOULD	N	Maryland 8	St Mar	y's (Chaptico	and the same of th		en. Del	•		
MD. MD. M. 3.	14. F	ATHER'S NAME	MIC	DOLE	LAST	15. MOTHER'S /	MAIDEN NAME	MIDDLE		LAST	
DEATH DEATH GES 1, M PAN AND 2	G	Andrew			Burroughs			Ida		aywood	
TIMORI TER DE E PAGE FORM SES 1 AF	160	WAS DECEASED EVER I	IN U.S. ARMED	FORCES? 16	b. SOCIAL SECURITY	NO. 17. INFORMAN	T	ADDR	ESS P.	O.Box 3	63
BALTIMORE. JRS AFTER DEA GIVE PAGES WITH FORM P PAGES 1 AN DIVISION OF P		No		2	216 40 63	328 Harrie	tt B.T	rent Le	xingto	on Park	,Md.
		18 CAUSE OF DEATH	H (Enter anly an	e cause per line far	(a), (b), and (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PRESTON ST., I ITHIN 24 HOUR CIL IN TEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, DI REMOVAL.		TARTI DEATH WA	IMMEDIATE CA	CHR	ONIC ALCOH	HOLISM				10 Year	rs
EST IN II ALC MOV		3030	(DUE TO, OR AS	A CONSEQUENCE O						
D WITH PENCIL AMINER - TRANS ENTAL	-	Canditians, if a		(b)							
A PEN V		cause (a) stating lying cause last.	the <u>under</u> -	DUE TO, OR AS	A CONSEQUENCE O						
EXECUTED WITHIN NG" IN PERST NG IN PENCIL IN OCAL EXAMINER A CALL EXAMINER A CALL MAND MENTAL HY WATION, OR REMO				(c)							
L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 F. "PRINDING" IN PROCIL IN TIES F. MEDICAL EXAMINER ALON ED AS A BURRAL "TRANSIT PER HEALTH AND MENTAL HYGIE! ILL ILL ILL ILL ILL ILL ILL ILL ILL IL	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVE	N IN PART 1 (a.)				
RECORDS LD BE EXE PENDING MEDICAL AS A BL CREATH AT	MEDICAL CERTIFICATION										
SHOULD ORD "PE ORD "PE ORD "PE ORD "PE ORD IT OF HE/ OURIAL, CO.	3	190 DATE OF OPERA	TION	196 CONDITION	N FOR WHICH OPERA	TION WAS PERFORMED	,			20 AUTOPSY?	
	1 1									YES 🗌	NO 💢
NOF	0	UNDERLYING		HOUR A.M. M	IURY ONTH DAY YEAR	21c. HOW INJURY OCC	CURRED LENTER NA	ATURE OF INJURY IN ITEA	A TEPART TORPA	RT 2)	
CERTIFICATE TING THE W RED TO THE 3 SHOULD B DEPARTMENT I PRIOR TO	Z	CONTRIBUTING C	AUSE OF DEAT		19						
DIVISION OF THIS CERTIFICATE WARDED TO THE PAGES SHOULD TATE DEPARTMEI	VED VED	21d INJURY OCCURR	WHILE	21e PLACE OF IN	VJURY (AT HOME,	211. LOCATION STREET		CITY OR TOWN	COL	UNTY	STATE
DAN THIS C TE, WRIT RWARD PAGE STATE (AT WORK AT WO	ORK								
		220 I certify that I	taak charge af t	the remains describe	ed abave, held an	Autapsy , Ins	pection X	Inquiry XX	and in my ap	oinian	
L EXAMINER: E CERTIFICATION DUE DE FOAT DIRECTOR: 1, WITH THE MARYLAND,	1	death resulted fram:		L.O	cident , Suic	de . Hamicide	Undeter	mined manner	٦. ` `		
ARY ARY			1105	201	7	TITLE (SPECI	FY)				
PATH, WITH WE WATH, WE WATH,		ACTUAL SIGNATURE	1/1/2	1300		M.D. Deput;	У мерк	CALEXAMINER	DATE	3/8/82	
DEA SET OF SET O	7			po					0,0,		
* D # 5 E E	QU.	(TYPE OR PRINT)	Willia	am D. Bo	oyd XXX, N	1.D.ADDRESS Le	onardt	own, Mar	yland		
TO MEDICAL EXAMIN EXECUTE THE CRITIFIC PAGE 4 SHOULD BIRECT TO FUNERAL DIRECT AFTER DEATH WITH TI	23a.l	BURIAL, CREMATION, RE	EMOVAL 236. D	ATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOC	ATION	COUR	NTY STA	ATE
BP		Burial	1 3/8	8/1982	Charles	Memorial	Gdn Mo	rganza,	St Maj	LY S M	
DHMH - 17	24	UNERAL DIRECTOR				125- 5	DATE BECCO BY	COLUMN TO LOCK O	COLUMBAR	- CO V	
		NAME		ADDRESS		Maryland	MAR 8		CHICAD S	ATURY AV	you

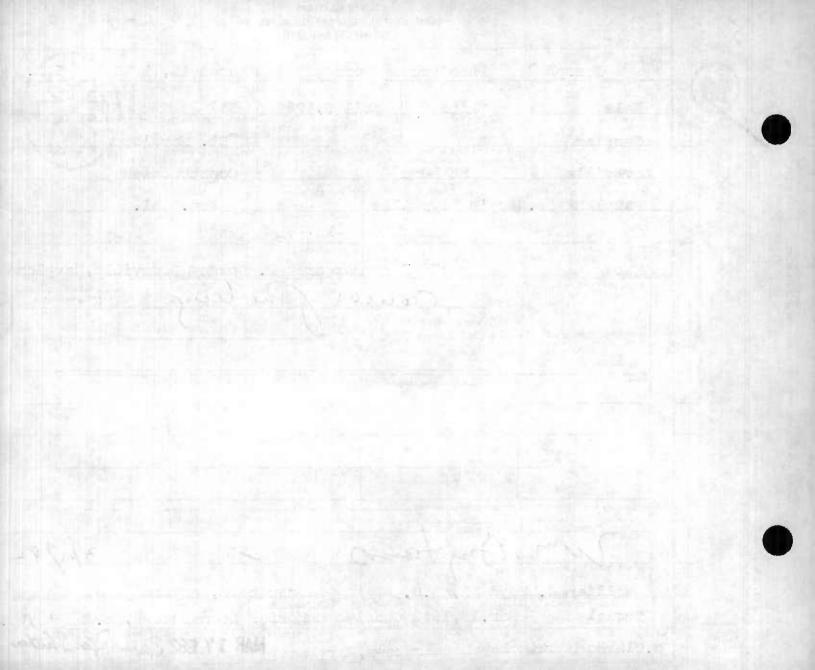


FOR					5 2 (0798	3 1
- STATE REGISTRAR		MEDICAL EXAM	AINER'S CERTIF	ICATE OF DEAT	TH REG. NO.		
	AE FIRST	WIDDIE	LAST	20	DATE KNOWN	MONTH DAY YEAR	2b. HOUR
TIPE OK PRINT)	RANDAL	LEE	CRABTRE	EE -	DEATH MATED	3-5-82	N
nale	white M	ONTH DAY YEAR LAST	BIRTHDAY) MONTHS DAYS		C. DATE RONOUNCED DEAD	3-5-82	2d. HOUR 2: 25
	STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	9	151/50 11 100 150 F		R COUNTY OF DEATH	1 am
		IISA	WIDOWED [St. Mary's	s County	AAD
CITY OR TOWN	OF DEATH	NAME OF HOSPITAL, NURSING I		TUTION 120 USUA	L OCCUPATION (TYPE	OF WORK 126 KIND OF	BUSINESS
	P	atuxent River N	aval Air Sta	ation Hosp.			
UAL RESIDENC	(IF IN NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION)			4	
larylan			ton Park -		Bristol A	venue	
FATHER'S NAA	NE MIC	DDLE LAST		FIRST	MIDDLE	LAST	
		thur Crabtr				Van Nos	tern
(YES, NO, OR UNK	IOWN) (IF YES, GIVE WAR O	OR DATES)	and the last transfer of				
Yes				ficial Na	val Recor		
				hood		BETWEEN ON	SET AND DEATH
95	MMEDIATE CA	1032 (0)		neau			
Canditi	ons, if ony, which	DUE 10, OK AS A CONSEQUE	NCE OF				
		(b)	NCF OF		100		
		(-)	NCE OF				
PART 2 DINER	SIGNIFICANT CONDITIONS CONTR	LIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE DR CONDITI	IDN GIVEN IN PART 1 :0			
5	The area	022.37.37					
190. DATE C	F OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED?		20 AUTOPS	Y?
						YESXIX	NO 🗆
		116. TIME OF INJURY	YEAR		TURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
CONTRIBUT	TING CAUSE OF DEAT		7	intlicted			
21d INJURY		STREET, FACTORY, FARM, ETC.)		-	CITY OR TOWN	DI COUNTY	STATE
AT WORK				siol Avenue	Lexington	rk.,Ma.	
220. I cer	tify that I took charge of	the remains described drove held	Autopsy XX	Inspection .	Inquiry , and	d in my opinion	
			Suicide XX, Ham	micide Undeter	mined monner .		
ACTUAL	/WA	1200m		*		DATE 7 C 00	
	100	A XIC	M.DASS.	ISTANT MEDIC	CALEXAMINER	SIGNED 3-5-82	
EXAMINER'	SHYME		0	11 Deg - Cl			
		ATE 122 NAME O	ADDRESS			The same of the sa	
Buri				ENT OF	TOWN	COUNTY	STATE
. FUNERAL DIRE			race ngr.	130 DA 1 0 BY	EGISTRAR ZSE RESIS	TRAF COLUMNIA	ngtor
W.Clar	ke Mattino	glev Leonardt	own, Marvla	and MAK 1.	1 1307 773	W.	- y
	BIRTHPLACE (FOREIGN COUNTRY WAShin CITY OR TOWN OAT UXON THE CONTRIBUTION OF THE CONTR	DECEASED NAME TYPE OR PRINT! RANDAL SEX A. RACE White BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington CITY OR TOWN OF DEATH U.A. RESIDENCE (IF IN NURSING HOME OR OTH STATE LOAD STATE B. WAS DECEASED EVER IN U.S. ARMED FIRST Charles A. WAS DECEASED EVER IN U.S. ARMED IT. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY: JEWYSON OR UNIXNOWN) Ves 18. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY: JEWYSON OR UNIXNOWN) TO THE SIGNIFICANT CONDITIONS CONTINUE TO THE SIGNIFICANT CONDITIONS TO THE SIG	DEPARTMENT MEDICAL EXAM DECEASED NAME TYPE OR PRINTI) RANDAL LEE SEX TARCE White S. DATE OF BIRTH MONTH DAY YEAR LAST JUN 16, 1955 26 TOREGIN COUNTRY? PATUXENT USA III. NAME OF HOSPITAL, NURSING FORE OR (IF HOT INS SUCH FACILITY, ORY STREET ADD LAST ATTEL TIDE COUNTY III. NAME OF HOSPITAL, NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. NAME OF HOSPITAL, NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. NAME OF HOSPITAL, NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. NAME OF HOSPITAL, NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. NAME OF HOSPITAL, NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. CHY OR TO ATTHEMS AND III. NAME OF HOSPITAL, NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. CALL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. CALL RESIDENCE BEFORE SOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A III. CALL RESIDENCE BEFORE AND III. NAME OF HOSPITAL, NURSING FORE III. NAME OF HOSPITAL, OR RESIDENCE BEFORE III. NAME OF HOSPITAL, OR RESIDENCE BEFORE III. NAME OF HOSPITAL, NURSING FORE III. NAME OF HOSPITAL, OR RESIDENCE BEFORE III. NAME OF HOSPITAL, OR RESIDENCE BEFORE III. NAME OF HOSPITAL, OR RESIDENCE III. NAME OF HOSPITAL	DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERTIF DECEASED NAME PRODUCTOR OF MENT RANDAL SEX 4. RACE White BIRTHPLACE (STATE OR POBECON COUNTRY) BIRTHPLACE (STATE OR FOREIGN COUNTRY) BIRTHPLACE (STATE OR FARTICON COUNTRY) BIRTHPLACE (STATE OR FARTIC	STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEAT PRESIDENCE PROPERTY REGISTAR PRODUCT PROPERTY RANDAL LEE CRABTREE STATE RANDAL LINE RESIDENCE (STATE OB JOURNAL OF BIRTH PLACE (STATE OB JOURNAL OF MARKED X NEVER MARRIED DIVISION FOWNER COUNTRY) WAShington LUSA JOURNAL OF THE RESTRICTION PARKS ROUGH STATE ROU	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA REGISTRA RANDAL LEE CRABTREE CRATTCH REGISTRANCE REGISTRANCE REGISTRANCE REGISTRANCE REGISTANCE REGISTRANCE REGISTRANCE REGISTRANCE REGISTRANCE REGIST	DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CHIEF OF DEATH MARRIED SO NEVER MARRED SO NEVER MARRE



- STATE

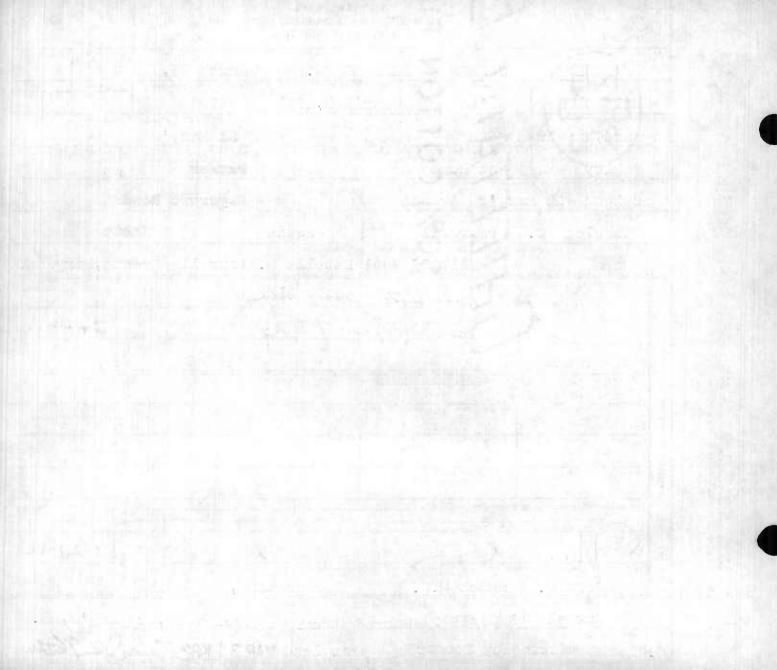
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF



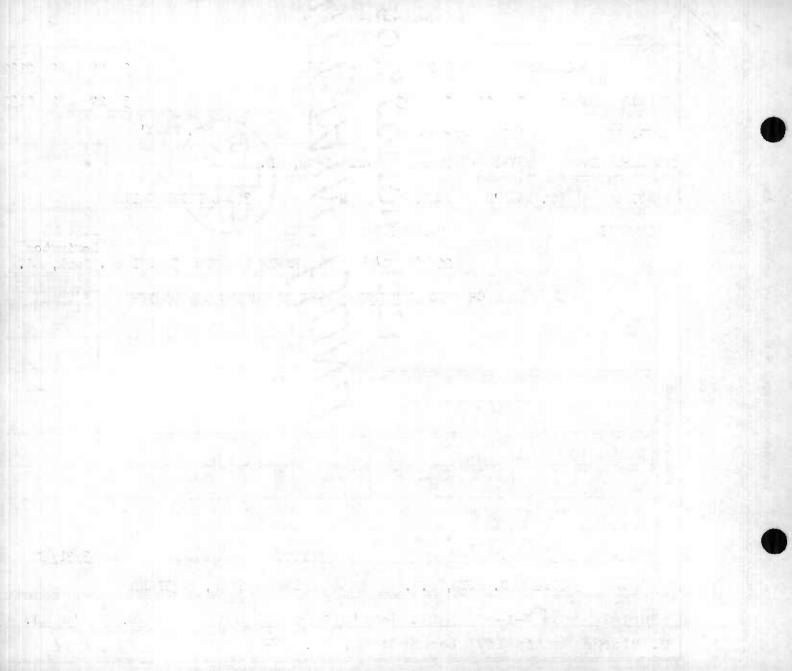
BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

-		1-	FOR STATE			DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MEN	TAL HYG	IENE 3 2	0	7 9	8 3
			REGISTRAR				CERTI	FICATE OF DEA	IH	REG. N			
Sec.			CEASED NAME FI	IRST	٨	AIDDLE		LAST		20 DATE OF DEATH			2h HOUR
			ROBERT		JOSE	PH	FARRE	ELL SR.		March 25	, 1982	2	M
10 J		3. SEX		4	RACE			OF BIRTH	VEAD	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
011			Male		Whit	e	Apı	il 3,19	11	70	YRS		I I I I I I I I I I I I I I I I I I I
2 2 0	26	7a BII	OUNTRY	IGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8	D X NEVER MARK	RIED 🗆	9 BALTIMORE CITY O	_	FDEATH	
Jun 7	0.0		ynard, Mary				WIDOW	ED DIVOR	CED 🗌	St Mary	's		MD.
by the fulled with	00		Oakley		(IF NOT IN SUCI	home	REET ADDRESS)	OR OTHER INSTITUT	TION	IZE USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P		12% KIND O INDUSTRY	DE BUSINESS OR
filled in rould be	35	13e. S	TATE 13b	COUNTY Ma		134 CITY OR T Aven	OWN	113d INSIDE CITY L	IMITS?	13. STREET ADDRESS Maycroft	Road		
2 sh	3.	14 FA	THER'S NAME	AA IO	ND18	1241		15 MOTHER'S MA		WIDDIE	E Vol.	145	
completely s 1 and 2 sha	36		Charles	C.	Fa	rrell		Su	sie	MIDDLE	Knot	tt 🖺	51
and co		160 W	AS DECEASED EVER IN C		D FORCES?	16b. SOCIAL S		17 INFORMANT		ADDRE			
S. Pag			es, no or unknown) (#			217 3	6 708]	Estell	e M.	Farrell	Aveni	ue,Ma	ryland
physici enooper emoval.			18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only of CAUSED E	one couse per BY. CAUSE (o)	line for (0), (b)	afor	carren	in			BETWEEN	MATE INTERVAL ONSET AND DEATH
ve corbe		23	1629 Conditions, if ony, wh			AS A CONSE		a hu	cu 5			3+	no.
by the cose remote, cremat			gove rise to immedi couse (b), stating underlying couse I	the '	DUE TO, OF	R AS A CONSE			1	his also			
Then plee	io de la colorida del colorida de la colorida del colorida de la colorida del colorida de la colorida del colorida de la colorida del col	NO	PART 2 OTHER SIGNIFIC	CANT CO	NDITIONS CC	ntributing	TO DEATH BU	NOT RELATED TO	THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	D
permit. I	9	CERTIFICATION	19a DATE OF OPERATION	7	196 CONDI	TION FOR WH	ICH OPERATIO	DN WAS PERFORME	D	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	
ol-tronsintol Hyginem 18 sh	9		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
ter this case the burner of th		MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (OF INJURY BET, FACTORY, OFF	ICE, FARM ETC J	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
R. Al			22a.1 certify that (1) (thi							to			that (I) (we) last
0 pp 1	7	4	sow the deceased a	dive on	new the body	ofter death.	y, o	nd that in (my) (our) opinion o	death occurred on the de	ote and hour o	nd from the	couses stoted
ERAL DIRE			200 SIGNATURE	-	e	2		DEGREE ATTEN	NDING A	MEDICAL STA		3 - 2	SIGNED 27-82
be St			THE PHYSICIAN'S NAME	THE DAY	init)	S. College	,	22e ADDRESS			9-11		
TO FUNERAL should be deto with the State			John	F. F	Tenwic	k M.D		Leona	rdto	wn, Maryla	nd		
<u></u> → 3 ≥			URIAL, CREMATION, REA	AOVAL	236 DATE	12	3c NAME OF	EMETERY OR CREA		23d LOCATION		COLINITY	(1000
	1	(Buria	1	3/29/	1982	Sacre	d Heart		Bushwoo	d, St M	lary'	s,Md.
16 50M 1/B RA 15, 4)	1		neral director Clarke Ma	ttin					250 DATE	REC'D. BY REGISTRAR	25b. REGISTRA	S SIGNAT	Warthen



1-3/	1-	FOR STATE			PEPARTMENT	OF HEALTH	AARYLAND I AND MENTAL CERTIFICATE		2	0 7	9 8	
a	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20.	REG. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	26 HOUR
/	3. SEX	- 1	ELIZAB	5. DATE OF BIRTH	HERESA 6. AGE 1 LAST RI			ER 24 HRS. 2c.	DATE DNOUNCED	□ 3	27 19 82 DAY YEAR	2132 26 HOUR
1	70. BI	RTHPLACE (STA	NEGRO TE OR	3 11	39 43	YRS.	EDXX NEVER MAI	9.8	ALTIMORE CIT		27 1982 TY OF DEATH	21 32
9	10 CI	RYLAND TY OR TOWN C			PITAL, NURSING H		ER INSTITUTION	120. USUAL	ST. MAR		12b. KIND OF BU OR INDUST	JSINESS RY
35 29 35			F IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADA	MISSION)	RIVER, MI	7.				
2	14. F/	THER'S NAME	ST.	MARY S	LEXINGT	ON PARI	YES 🗶 NO [HINLEE	DRIVE	LAST	
0	160. V	ITCHELI	EVER IN U.S. AR		SOMERV		AGNUS 17. INFORMANT		ADDRE	ES\$	STEVENS	
		NO		ly ane cause per line	216 40		STEPHANI	E LAWRE	NCE 36	LEI DR	Park,	Md.
AL, CREMATION, OR REMOVAL.	NO	gave rise cause (a) s lying cous	, if any, which to immediate toting the <u>under-</u> elast.	(b)	as a consequen	CE OF			CONVULS	TONS	5 YEAI	2
2 KRIAL	CERTIFICATION	19a. DATE OF C		19b. CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPSY	? NO [X
AND, 21201 PRIOR TO BURIAL, CI	MEDICAL CER		OR G CAUSE OF E	DEATH P.M.	MONTH DAY Y	EAR	W INJURY OCCUR	RED (ENTER NATUI	RE OF INJURY IN ITEM	18 PART 1 OR PA	RT 2)	
10212	MED	21d. INJURY OF WHILE AT WORK		STREET FACTO	PEINJURY (AT HOM DRY, FARM, ETC.)		CATION	CIT	Y OR TOWN	CO	UNTY	STATE
BALTIMORE, MARYLAND, 2		220. I certify death resulted ACTUAL SIGNATURE		rel causes XX,	ribed abave, held a Accident , Suy	SuicideM	Homicide TITLE (SPECIFY) D. DEPUTY	, Undetermi	ned manner	and in my ap], DATE SIGNE	oinion ED 3/31/8	32
ALTIMO	-	EXAMINER'S N (TYPE OR PRIN	() <u>WTTT</u>	IAM D. BOY					, MARYL	AND		
_	15	JRIAL, CREMATI PECIFY) Burial JNERAL DIRECT	ON, REMOVAL 2	4-1-82	St. J		Cemete		lywood		ary's N	Ad.
H-17 ME (5))				tingley	Leonard	ltown,		R 2 19	82 Than	egistrar's s	Martha	



Leonardtown, Md.

FOR

- STATE

(VRA 15, 4)

W. Clarke Mattingley

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1907: 1902 0:10m St. Margila Councy Les and the state of the state 1 dec 1 de Landerstown, No. 20650

S	2	1.	FOR Items 19b	. Film C	565 DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 3 2.	0	7
10	(BA)	1.05	REGISTRAR FIRST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIDDLE		ICATE OF DEATH	REG. NO		
	LAME		E OR PRINT)	7 777					MONTH DAY	Y YEAR
	6 9	3. SE	EVA	W.H.	ITE	GERBI		March 8,	1982	UNDER TYE
	of of	1				MONTH	H DAY YEAR		MO	INTHS DAT
	Poge direct		FEMALE IRTHPLACE (STATE OR FOREIGN	7h. CITIZEN OF	WHAT COUNTRY?	8	T. 30, 1893	9. BALTIMORE CITY O	R COUNTY O	E DEATH
	Type of the		COUNTRY) MARYT.AND	USA		MARRIE	D NEVER MARRIED DIVORCED	St. Mary's		
	er de fun		ITY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b KINE
5	s ofth	I	Leonardtown	St. Mar	HOSPI	tal		SECRETARY	WORKING LIFE)	US C
212	hour hour	USU.	AL RESIDENCE (IF NURSING HOME STATE 136 COI	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		00 0
AND	outle 24		ARYLAND ST.	MARY'S	HOLLYWOO		YES NO	ROUTE 3.	BOX 450	6
RYL	within within d 2 sh	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			
W	omplomed 1900		EWIS STEVENS S		SR.		MARGARET JA	NE WHITE	173	
ORE	e executor ond condico		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL SECU		17. INFORMANT	ADDRE		
BALTIMORE	be no rs. Pc	N			578-32-9		JANE SAMADI	/ROUTE 3, B	OX 456	
BA	hysic pope loval ent, th		18 CAUSE OF DEATH Enter PART L DEATH WAS CAUS	only one couse pe SED BY.	r line for (o), (b, one	1 (0.)				BETWE
Z ST	certil ing p		3699 IMMEDI	ATE CAUSE (o)	0	emic	<u> </u>			70
PRESTON	deoth ottend ove co fion, o		Conditions, if ony, which	DUE TO, C	R AS A CONSEQUE	NCEOF	into			一
98	the d the of removemention		gove rise to immediate couse (a), stating the	(b)_	1					1
3	thot to the to t	40	underlying couse lost.	(c) N	M - head	ME OF	bornel and	Namosis		34
5, 20	gnec on ple burn	-	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO [EATH BUT	OT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN	IN PART
RECORDS	requestre si transitor to or to y inju	CERTIFICATION								1111
REC	low os bermine prince of the p	FICA	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	
ITAL	The sicior sicior sicior sicior sicior sicior show	ERTI	21g. ACCIDENT WAS UNDERLYING			CION	-vascular Dy		YES [
DIVISION OF VIT	CIAN: g physic entificat fol-tran ntol Hyg em 18 s		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DA	Y YEAR	THE HOW HAJORI OCCORN	ED (ENTER NATURE OF INJUN	TIN ITEM 18 PART	I OR PART 2
NO	ding ding ding Men	MEDICAL	21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION			-
VISI	G Pten otten er th s the ond	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE F.	ARM, ETC J	STREET	CITY OR TO	417	COUNTY
۵	A Africa A A A A A A A A A A A A A A A A A A A		220.1 certify that (1) (this has	pital) attended th	ne deceased from			, to	, 19	
	TTEN Pritol for i		sow the deceased alive of above, (1) (we) (did) (did)	on	ofter death	or	nd that in (my) (our) opinion o	death accurred on the do	te and hour a	nd from t
	OR A DIREC Ched Ched Ched Ched Ched Ched Ched Che	3	224 SIGNATUM	0	one- ocam.		DEGREE			22c. DA
	Y the y the RAL I deto hote I		Jem	- hu	-5>			MEDICAL STAF	IAN 🗌	3-
	HOSPITAL ned by the FUNERAL old be det on the Stote ORTANT:		22d. PHYSICI N'S NAME (TYPE	E OR PRINT)			22e. ADDRESS			0.0
	TO HOSP etoined TO FUNI		John F. Fen				Leenardtown	/	20650	
			BURIAL, CREMATION, REMOVA (SPECIFY)		Property Committee of the Committee of t		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	(COUNTY
	BP	74-F1	URTAL WIERALDIRECTOR / Z	3/12/		LUMBI	A GARDENS	ARLINGT REC'D. BY REGISTRAR		
	DHMH - 16 50M 1/B1 (VRA 15, 4)	AR	LINGTON FUNERA	L HOME A	RLINGTON,	VIRO	GINIA MAR	1 9 1982	Prance C	SIGN

> US GOV'T OX 456 LAST X 456/HOLLYWOOD, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 110 b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [NO [ITEM 18 PART I OR PART 2) COUNTY STATE ______, 19_______, that (I) (we) lost and hour and from the causes stated 22c DATE SIGNED 0650 STATE N, VIRGINIA

2h HOUR

12h KIND OF BUSINESS OR

IF UNDER TYEAR

INDUSTRY

8:30 Am

COUNTY OF THE STATE OF THE STAT TOTAL STREET, STREET, SEC. ARCHITE AND ALCOHOLD AND ALCOHO

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 1					
		the Lines			
	e vnsa			100	
			mineral states		
			ineut/		
	Park un				

STATE OF MARYLAND

Laget 16, 1962 per 10:22 Produce sulation diameter si. Intigaci a vial ti methinnel MINOSTALE WILL IN ENGINE WHELE IN THE REAL PROPERTY OF THE PARTY OF TH Market As De many and and THE THE PROPERTY OF THE PARTY O 1/2/16 = 1/2/2/2= 1/2/2/2 - Or Although the second of th Tr. silling L. Boyd II, M.A. Leonardtown, Md. 20650

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JEE MANAGER BURERY Merch 27, 1982 7:054 steam, the month of the The second control of the second of the second and the contract of the A. 8 mini, M.D. homeston, M. to be desired to the first formation of the contract of the co . The state of the the state of the s

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1	1	7	U

1 -	REGISTRAR				ICATE OF DEATH	REG. I	VO.		
	CEASED NAME FIRST	-	AIDDLE	i	AS1	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
[I TYPE (JOSE	PH A	LBERT	K	AISER	March 7	1982		11:52
3 SEX	X	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24
	Male	Caucas	sian	Mar	. 11, 1897	84	YRS	DNIHS DATS	HOURS
CC	RTHPLACE (STATE OF FOREIGN COUNTRY) New York	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED X	9 BALTIMORE CITY	or county c	OF DEATH	
	TY OR TOWN OF DEATH			WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPA		12h KINDO	F DI ICIDIFEC
	Leonardtown	St. Mary	FACILITY, GIVE STREET	tal	on en la simonola	Civil Ser		Gov t	
13a ST	130.00	Mary s	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Californ	N I	13d INSIDE CITY LIMITS? YES NO X	Rt. # 2,	Box 49		
14. FAT	THER'S NAME	WIDDLE	1241		15 MOTHER'S MAIDEN NA	ME	200		
	Albert		Kaiser		Theresa	MIDDLE	Kn	iatons	ka
	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI			
[45	NO (IF YES.	GIVE WAR OR DATES)	217-42-	2941	Diane Bell,	P.O. Box	145. Le	onardt.	own. I
	Conditions, if ony, which gove rise to immediate couse to, stating the underlying cause lost	DUE TO, OF	AS A CONSEQUE	NCE OF	Thin	nbosa	1	20	rb
	Conditions, if ony, which gove rise to immediate couse to, stating the underlying cause lost	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COI			
	Conditions, if ony, which gove rise to immediate couse to; stating the underlying cause lost	DUE TO, OF	R AS A CONSEQUE	NCE OF			20b. IF YES, V	WERE FINDIN	GS USED
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to; stating the underlying cause lost	DUE TO, OF	R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH F INJURY M. MONTH DA	NCE OF DEATH BUT OPERATION		200 AUTOPSY? YES NO	206. IF YES, VIN CERTIFY III	WERE FINDINING CAUSES	GS USED OF DEATH?
NEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OF DUE TO, OF T CONDITIONS CC 196 CONDITIONS DEATH P./ 216 PLACE C	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	NCE OF DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFY II YES	WERE FINDINING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTR	DUE TO, OF DUE TO, OF T CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 197 CONDITIONS CC 197 CONDITIONS CC 198 CONDIT	PLAS A CONSEQUE TION FOR WHICH: FINJURY M. MONTH DA OF INJURY EET, FACTORY, OFFICE FA	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 0.5	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR T	206. IF YES, VIN CERTIFY IIN CERTIFY II YES	WERE FINDING CAUSES THORPART 2) COUNTY	GS USED OF DEATH? NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAM 22d. Certify that (1) (Phile how	DUE TO, OF DUE TO, OF T CONDITIONS CC 196 CONDI 196 CONDI 196 CONDI 216 TIME OF HOUR A./ SER) 216 PLACE ((AT HOME, STR DOD, OOL) 197 CONDI 198 CONDI 1	PLAS A CONSEQUE TION FOR WHICH: FINJURY M. MONTH DA OF INJURY EET, FACTORY, OFFICE FA	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC.)	211 LOCATION STREET	20e AUTOPSY? YES NO CITY OR 1 To Section 10 to	20b. IF YES, VIN CERTIFY IIN CERTIFY IIN YES URY IN ITEM IB PARI OWN AFF	WERE FINDING CAUSES THORPART 2) COUNTY	GS USED OF DEATH? NO STAT
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER NOTH WEDICAL EXAM). 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (thus he saw the deceared alive above, (1) (year while limit of the county). 226. PHYSICIANYS NAME IN J. Partick J.	DUE TO, OF DUE TO, OF CONDITIONS CO 196 CONDITIONS 216. TIME O HOUR A/ SER) P./ 21e. PLACE C (AT HOME, STR DO ATH HOME A/ 21e. PLACE O ATH	PLAS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA A. MONTH DA SET, FACTORY, OFFICE FA THE ACCORY, OFFICE FA THE ACCORD THE ACCOR	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 65 19 65 19 19 10 10 REE ATTENDING PHYSICIAN 220 ADDRESS Leonard town	20e AUTOPSY? YES NO CITY OR I CITY OR I MEDICAL STA	20b. IF YES, VIN CERTIFY IIN CERTIFY IIN YES URY IN ITEM IB PARI OWN AFF	COUNTY	GS USED OF DEATH? NO STAT
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM). 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (The hospower, II) (year of the lift work). 220. I certify that (II) (The hospower, II) (year of the lift). 221. SIGNATURE	DUE TO, OF DUE TO, OF CONDITIONS CO 196 CONDITIONS 216. TIME O HOUR A/ SER) P./ 21e. PLACE C (AT HOME, STR DO ATH HOME A/ P./ 21e. PLACE C (AT HOME, STR DO ATH HOME A/ DO ATH HOME A/ AND AND AMBRICAN AND AMBRICAN	PAS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA A. DE INJURY TET, FACTORY, OFFICE FA THE INDUSTRIBUTING TO D THE INDUS	NCE OF DEATH BUT OPERATION 19 ARM ETC.)	21c HOW INJURY OCCURR 21l LOCATION STREET 19 65 ad that in Amy) (** Appinion of Physician Phy	20e AUTOPSY? YES NO CITY OR I CITY OR I MEDICAL STA	206 IF YES, VIN CERTIFYII YES URY IN ITEM 18 PARI OWN 2006 and hour of the control of the contro	COUNTY	GS USED OF DEATH? NO STAT hot (I) (MS) ouses states

TOTAL TRANSPORT OF MARKET PARTY OF THE PARTY B, Aze ('53

FOR

REGISTRAR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Civil service 480 Greenview Court Bliem ADDRESS 480 Greenview Ct. Anthony Great Mills Maryland APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNE Leonardtown, Md. 20650 COUNTY March 11,1982 Immaculate Heartexington Pk.St Mary's, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland MAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

08

MONTH5 DAYS

82

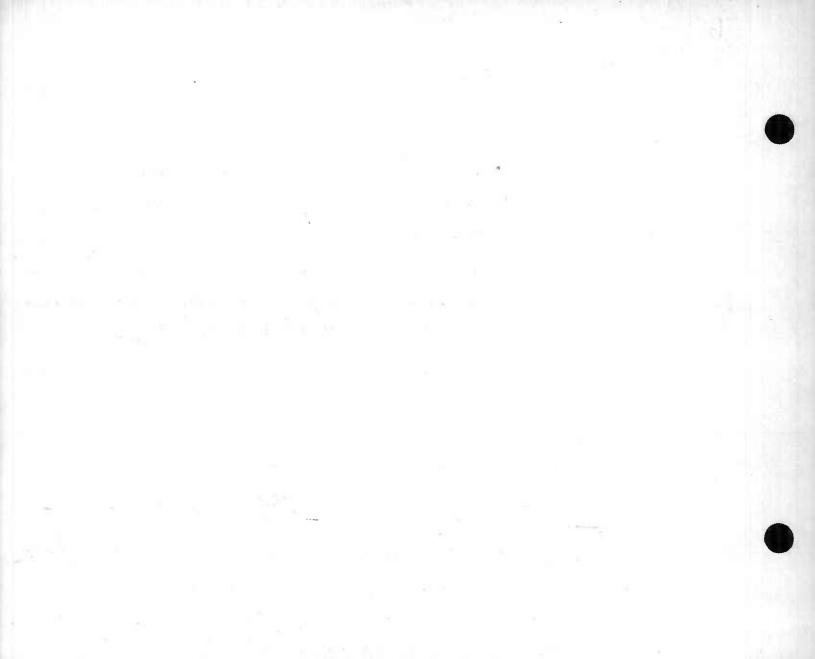
IF UNDER 1 YEAR

2h HOUR

HOURS

12h KIND OF BUSINESS OR

IF UNDER 24 HRS



FOR

STATE OF MARYLAND

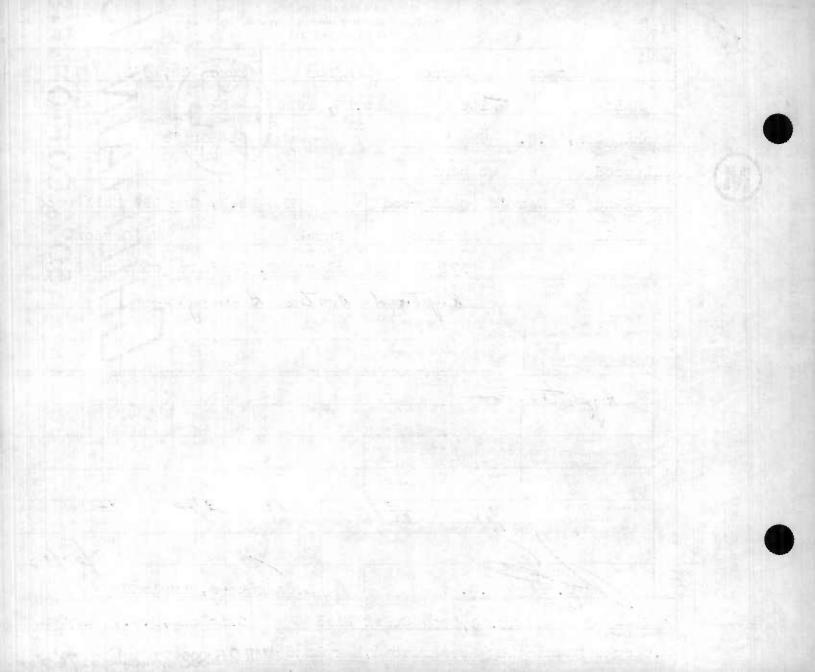
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

La	0	1	1	7	

	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG	. NO.		
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR
	11111	Thoma	S	Gordon	I	Lindner	March :	20,198	2	
	3. SE	х	4 RACE		S. DATE C		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te	NOT	7.26, 1900	81	YRS	MUNTHS DAYS	HOURS MIN.
1	7a Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
		shington, D.	c. U	SA	WIDOWE		St Mary	y's		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND C	F BUSINESS OR
I		lywood	at	home			(TITE OF WORK FOR MO	31 O1 37 ON N 11 O E E E	C) INDOSTRI	
1	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d INSIDE CITY LIMITS?	13e. STREET ADDRES	S		No. of the last
5			ary's	Hollywo	ood	YES NO K	Rt.3, B	ox 358	Holly	ywood
3	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	1
0		Louis		Lindner		Sarah			Gordo	n
		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	166 SOCIAL SECUI		17 INFORMANT		DRESS		
		No		577 54	2498	Mildred P.	Lindne:	r sam		# 13
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (o), (b), one	(c).)	1 -+	И		BETWEEN	MATE INTERVAL ONSET AND DEATH
	20		TE CAUSE (o)	Kuplu	red	Horles.	Honenny	3-		
		44/5	DUE TO, O	R AS A CONSEQUE	NCE OF		0			
		Canditions, if any, which	(b)_							
		gove rise to immediate couse (a), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying couse last.	(c)					PT HALL		
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART 110	0'
	TIO	Hyperte	raco	_						
1	ICA	THE DATE OF OFFRATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	OF DEATH?
	CERTIFICATION						YES NO	YES		NO 🗆
3	CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	NJURY IN ITEM 18 PA	ART I OR PART 2)	
П	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE	P./		19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY OFFICE, FA	RM, ETC)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		AT WORK AT WORK				/	1			
1	10	22a I certify that (1) (this hasp	7/.0	e deceased fram	5/	2 19 / 9	, ta	0	19 92	that (It (we) last
		saw the deceased alive an above, (1) (we) (did) (did no	ti view the body	ofter death		nd that in (my) (aur) apinian a	death accurred an the	date and haur		
		22b. SIGNATURE	/			DEGREE ATTENDING 1 PHYSICIAN IT	MEDICAL ST	TAFF	27c DATE	SIGNED
			-				PHY	SICIAN [3/2	2/12
	28	774 PHYSICIAN'S MANE STONE				22e ADDRESS			/	, ,
			oyd M.				rdtown, Ma	arylan	d	
	(:	URIAL CREMATION REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Bu	rial	Mar. 2	3,1982	edaı	Hill	Suitla			
		NERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY REGISTRA	AR 256 REGISTE	RAR'S SIGNAT	URE
	W.	Clarke Matti	ngley :	Leonardt	own	Maryland M	AR 26 1089	171	0	W.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 show



FOR

STA	TE	OF	M	RY	LAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC D. BY REGISTRAR 256 REGISTRA SIGNATIVATION NATHER

	1.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO).				
	1. DEC	CEASED NAME FIRST	MI	DDLE	L	AST	20	DATE OF DEATH		DAY YEAR	2b HOUR		
	1		ha Ger	trude	Proctor			March 3,1982			11P.M.M		
	3. SE		4 RACE		5. DATE C	OF BIRTH	6. A	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS		
		Female	Whi	te	Dec	.20,1894	R	87	YRS	MONTHS DATS	HOURS MIN.		
-		RTHPLACE ISLATE OR FOREIGN DC	76 CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIED	9 B	ALTIMORE CITY O		OF DEATH			
					WIDOWE		terest .	St M			MD.		
N		TY OR TOWN OF DEATH	(IF NOT IN SUCH !	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TY	USUAL OCCUPATION PE OF WORK FOR MOST OF			F BUSINESS OR		
9	_	eonardtown AL RESIDENCE (IF NURSING HOME OF	St Mary			Home	Но	usewife		own	home		
	13a. S	STATE 136 COUR	NIY 1	3c. CITY OR TOW	/N	134 INSIDE CITY LIMI		STREET ADDRESS					
Ma	-	land St. M	arys #	ollywood		YEXX NO		ute 1, Bo	x 73	2			
ć		William	MIDDLE H.	Wright		Bertha		Gertrud	e	Urw	iler		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	JRITY NO.	17 INFORMANT	- 15-	ADDRE		me as 1	2-1		
		no		579 14	3254	D Mrs. Gla	dys C	ooke-dau-	in-la	W-	3e)		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per li	ne far (a), (b), an	d icil)	·		, .	1	BETWEEN	MATE INTERVAL		
			TE CAUSE (a)	nyoca	endu	is with	con	gester	- ya	Mure.	Iwk		
		4270	DUE TO, OR	AS A CONSEQU	ENCE OF				()				
	-	Canditians, if any, which gave rise to immediate	(b)										
		cause (a), stating the underlying cause last											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
	NO	Pano	roaldi	· Oline	24110	THE REPUBLICATION OF THE	TERMINA	DISEASE ON COINE	711014 014	LIVIN PART III			
~3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	2	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
	RTIF				F		Y	ES NO	YE		NO [
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		INJURY MONTH D	AY YEAR	21c HOW INJURY O	CCURRED	ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART ?)			
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19								
,	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	F INJURY T. FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE		
		AT WORK NOT WHILE AT WORK	136				0.1			0.0			
		The t certify that (I) (188888) saw the decepsed alice of	Mar. 3	eceased fram	Dec		81	to Mar. 3	to and hou		that (I) (wX) last		
		22h SIGNATURE	2) view the body of	Meath.		DEGREE	Jiman dean	in occorred on the do	re and nac	22c DATE			
		Vail.	V40	w me	0	ATTENDI	NG M	EDICAL STAF	F		4-62		
-		774 PYTSKIAN SHAME COME	and ce	11000	_	22e. ADDRESS	AN M DI	RECTOR PHYSIC	IAN []				
1		J. Roy Guy	ther			Mecha	nics	ville,Ma	ryla	nd 206	559		
		URIAL, CREMATION, REMOVAL				EMETERY OR CREMAT		36 LOCATION CITY OR TOWN		COUNTY	STATE		
	04.5	Burial	Mar.			wood Cemet		Washingt		C			
		JNERAL DIRECTOR		ADDRESS		venue,		C'D. BY REGISTRAR	21		Withen.		
	H:	ines/Rinaldi Fu	neral Ho	me Sil.	Spr.	Md,	MAR	902	Carre	No your	1 months		

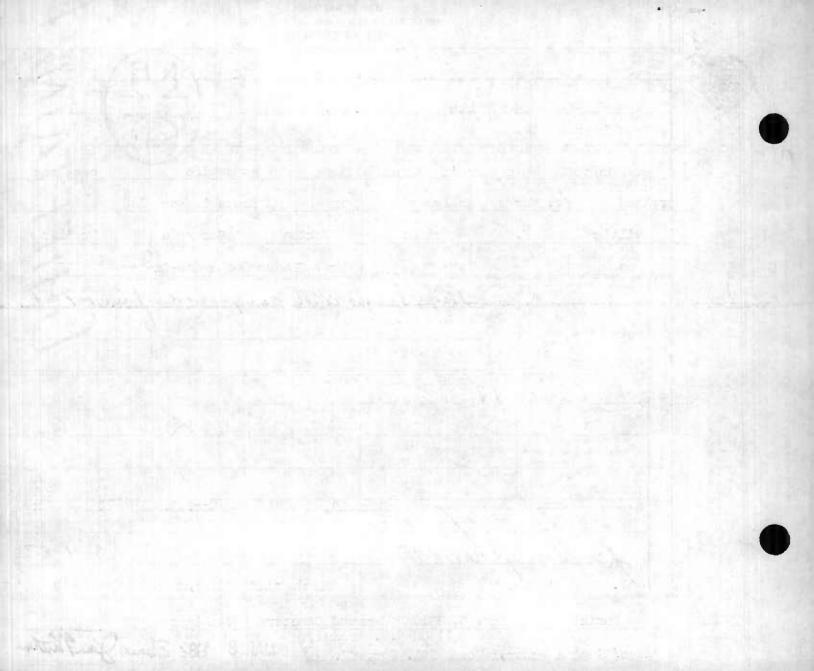
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

shauld be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar remaval

MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been



FOR STATE REGISTRAR
STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 2

REG. NO.

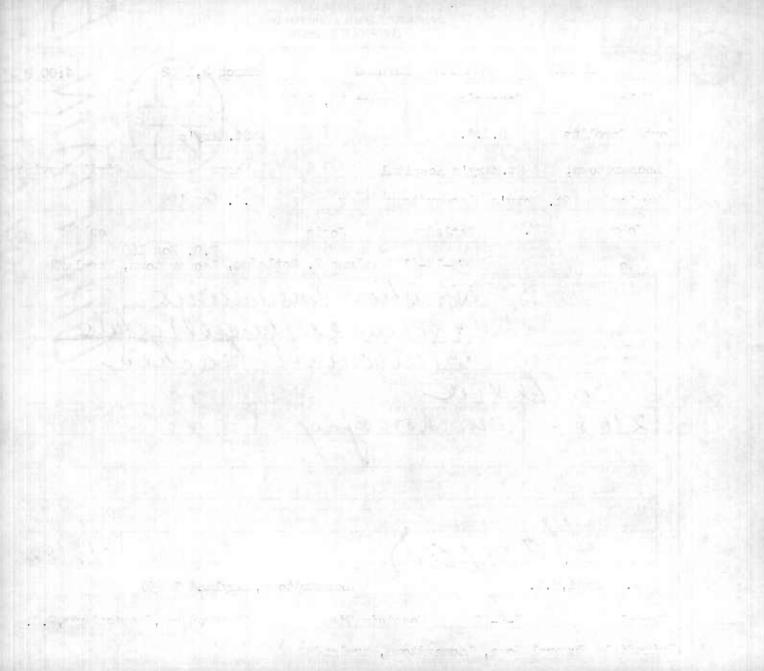
01994

١.		CEASED NAME FIRST	/	2a DATE	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR							
1	(TTPE	THOMAS	FE	REBEE RATLEDGE				March 4.1982 1:00				
n	3 SE)	χ	4. RACE 5. DATE OF			OF BIRTH				1:00 PM		
		Male	Caucasian Augus			st 18, 1907	7.	4	MONTHS DAYS	HOURS MIN.		
	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIM	ORE CITY OR COUN				
0		rth Carolina	U.S.	Α.	MARRIE	DEVERMARRIED DIVORCED		Mary's		MD.		
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		LOCCUPATION		OF BUSINESS OR		
0		eonardtown,	St.Mar	y's Hospi	EL COLLEGE		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mason Civil Service					
5	13a. S Ma	AL RESIDENCE (IF NURSING HOME COU STATE 136 COU Aryland St.	13e STREE P.O.	Box 159								
3	14. FA	John	M ^{DDLE}	tA5 <u>T</u>		15 MOTHER'S MAIDEN N	IAME	MIDDLE	14	51		
6				Ratledge	175	Josie			Hopi	rins		
	16a. W	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16b. SOCIAL SECU			7 INFORMANT P. O'PREBOX 159					
		No		579-18-6	150	Luna R. Rat	reage,	Leonardto				
		IB CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	nly one couse per	7 9 7 1b une	1	- 1/ me		, Air	BETWEEN	CONSET AND DEATH		
4			TE CAUSE (o)	comic	MO	nyma	uni	once	-			
B		1620 DUE TO POTO VICONSEQUENCE OF DISTANCE OF THE STATE O										
		Conditions, if ony, which gove rise to immediate										
		couse (o), stoting the underlying cause last.	DUE TO, OF	A CONSEQUE	NCEOF	0 (1) 6) A	/	0			
			(8)	and	M	maso	1 /00	acio	W			
	NOI	PART 2 OTHER SIGNIFICANT	U X I	ONTRIBUTING TO D	SEATH BUT	NOT RELATED TO THE TER	AĽ DISEA	(SE OR CONDITION (GIVEN IN PART 1	a,		
m	CERTIFICATION	190 DATE OF OPERATION	196 GONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	78s AU	206. IF	YES, WERE FINDE	NGS USED		
1	RTIF	2.1682	101	melie	DU	bry	YES []	NOW	YES [NO 🗆		
3		OR CONTRIBUTING CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	HOW INJURY OCCU	IRRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIH		19	V /						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ARAA ETC)	SIL TOCATION		CITY OR TOWN	COUNTY	STATE		
	~	AT WORK AT WORK										
	16	220 I certify that (1) (this hasp				. 19	, to			that (I) (we) last		
		saw the deceased alive a above, (1) (we) (did) (did)	at) view the body	after death.	0	nd that in (my) (our) opinia	n deoth accur	red on the date and h	hour and from the	causes stated		
		22b. SIGNATUR	10/1	1001	1	DE GREE ATTENDING	MEDICA	L STAFF	22c. DATS	SIGNED		
		22d. PHYSICHANIE NAME THE	DE PRINTI	ter	1	PHYSICIAN 22e ADDRESS	DIRECTO	PHYSICIAN [10/	01000		
		A. Samadi, M.	D.			Leonardto	m,Marj	rland 2065	0			
	(URIAL, CREMATION, REMOVA			IAME OF C	EMETERY OR CREMATORY		CATION	COUNTS	MATE		
	Bı	urial	3-8-8	2 Mo	untai	n View		rtanburg,S				
		INERAL DIRECTOR		ADDRESS		0.19	ATE REC'D. BY	REGISTRAR 256. REG	USTRA	URE		
	Br:	Brinsfield Funeral Home, Leonardtown, Maryland MART 1 1302										

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit. Then p with the State Dept. of Heolth and Mental Hygiene prior to bur

IMPORTANT: If He

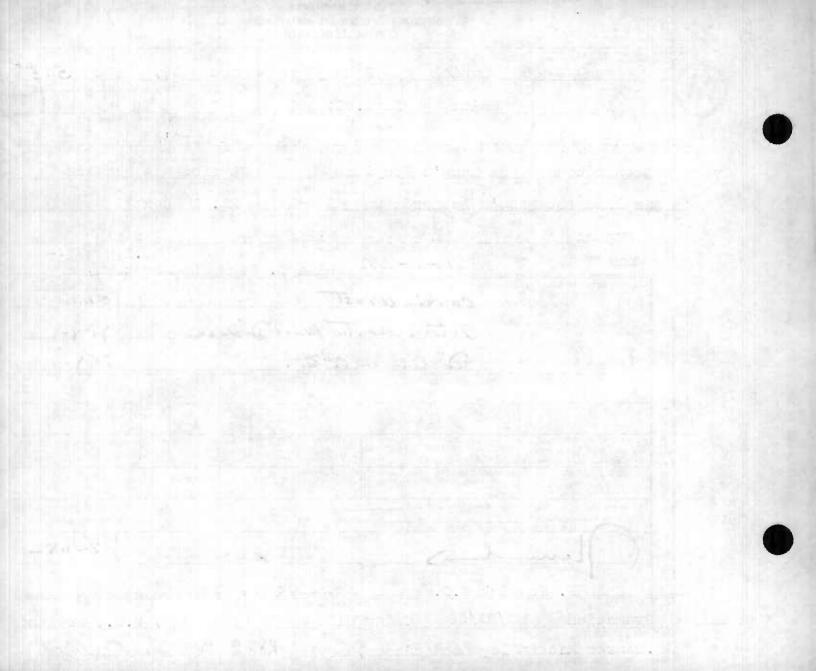


	REGISTRAR		CERTIFICATE OF DEATH	(GIENE & Z.	0 7 9 9 5
		WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
			Rehm		30, 1982 525 h
3. SE:	X	4 RACE		6. AGE (IN YEARS LAST BIR	RTHOAY) IF UNDER I YEAR IF UNDER 24 HRS
	Male	White	Sept.22, 1915	66	YRS.
		76. CITIZEN OF WHAT COUNTRY	Y? 8	9 BALTIMORE CITY C	OR COUNTY OF DEATH
0	Ohio	USA	WIDOWED DIVORCED		7 S
10 CI	TY OR TOWN OF DEATH			120 USUAL OCCUPAT	ION 126. KIND OF BUSINESS OR
	Leonardtown				of working life) INDUSTRY
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		in a pargeon
	130. 000				Dog 75 C
		Mary S Leonar			Box 75 G
	FIRST	MIDDLE	FIRST	WIDDLE	LAST
16- 14				4000	Elwing
			4 4001	ADDKI	ESSRt.1,Box 75G
	100	270-1	Thelma L.	Rehm Lec	nardtown, Marylan
	18 CAUSE OF DEATH (Enter of	only ane cause per line for (a), (b), o	and (c) A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			e arrest	THE STATE OF THE	5 min
	2500	DUE TO OR AS A CONSEQ	UENCE OF	_ \	
	Canditions, if any, which	(b) arteri	osclorolic heart	Desease	75-46.
	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQ	HENCE OF		
	underlying cause last	1	1 11		75-4.
	PART 2 OTHER SIGNIFICANT	101		MINAL DISEASE OR CON	DITION GIVEN IN PART LIGH
Z			DOLLAR DOLLAR MENTED TO THE TEN	WIN THE DIOCAGE ON COL	DINON SIVEN IN PART NO
ATI	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
FIC				VEC D NOD	IN CERTIFYING CAUSES OF DEATH?
ERT	71n ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	71: HOW IN ILIPY OCCI		YES NO
			DAY YEAR	THE TENTER NATURE OF INJU	RTIN DEM 18 PART OR PART 2)
2			19		
WED				CITY OR TO	OWN COUNTY STATE
	AT WORK AT WORK				
			. 19	, to	, 19, that (I) (we) lost
	sow the deceased olive o	n19	, and that in (my) (our) opinia	n death occurred an the d	ate and haur and from the causes stated
	226 DIGNATURA	The state of the s	DEGREE		22c DATE SIGNED
	VIII		ATTENDING	MEDICAL STA	FF 3.31.82
20 5	224 PHYSICIAN S NAME THE	ORMANI	22e ADDRESS	DIKECTOK PHISIC	-IAN L
	L John F. F	enwick M.D.	Leonardto	wn, Maryla	ina
	1. DE1 (TYPE 3. SE) 3. SE) 10 CL 13a. S Mi 14. FA	I - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) FINEST 3. SEX Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio 10 CITY OR TOWN OF DEATH Leonardtown USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. STATE August 14. FATHER'S NAME FIRST August 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS (TES. YES SANOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS (TES. YES SANOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (Enter or PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE OF DEATH (ENTER OR PART I. DEATH WAS CAUS (TYPE	1. DECEASED NAME FIRST MIDDLE TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio USA 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS Leonardtown St Mary's USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFILED. STATE 13b. COUNTY Maryland St Mary's Leonardtown St Mary's USA USA USA USA USA USA USA US	The control of health and mental the certificate of Death	FOR STATE RECISTRAR PROTECTION RECORD RECISTRAR RECI

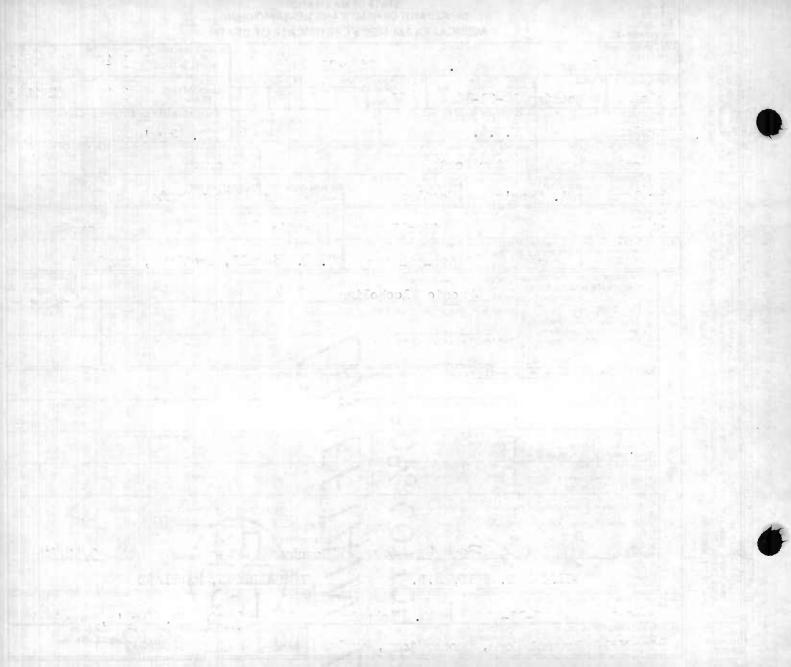
DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation

W.Clarke Mattingley Leonardtown, Maryland PR 2 1982 24 FUNERAL DIRECTOR



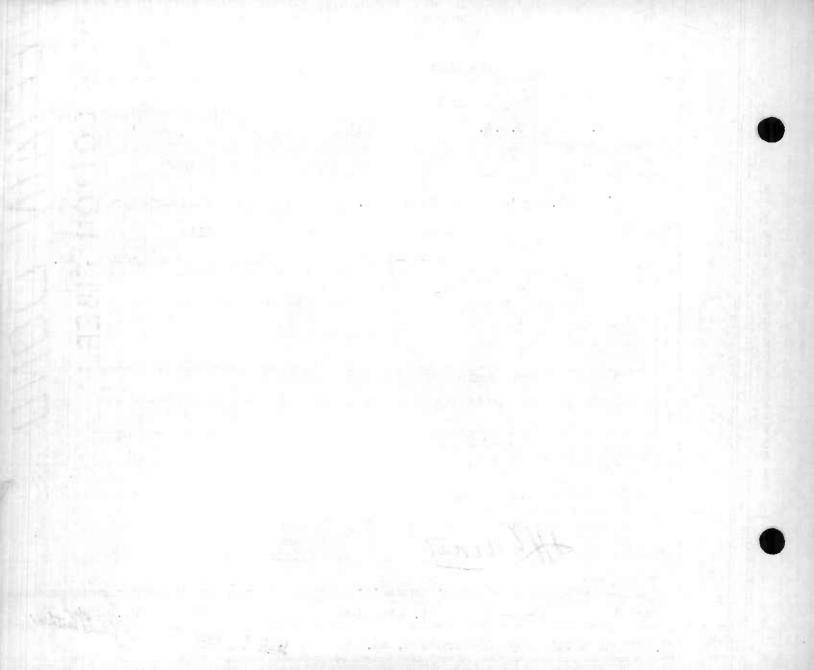
DECEASED NAME (RED) James A. Ridgell (DECEASED NAME (RED) James A. Ridgell (6
James A. Ridgell James Brithmare Charles of Brithmare Charles	7h HOU
Section Sect	0845
MALE CAUCASIAN 10-21-16 B) YRS. MARRIED NEVER MARRIED DAYS. MARRIED NOTICE STATE OF THE COUNTY OF DEATH CONTRY? MARRIED NOTICE STATE OF THE COUNTY OF DEATH COUNTY OF DEATH CONTRY? MARRIED NOTICE STATE ADDRESS. SCOTLAND SCOTLAND STAT ROUTE SCOTLAND SCOTLAND STAT ROUTE SCOTLAND SCOTLAND STAT ROUTE SCOTLAND SCOTLAND SCOTLAND STAT ROUTE SCOTLAND SCOTLAND STAT ROUTE SCOTLAND SCOTLAND SCOTLAND SCOTLAND STAT ROUTE SCOTLAND SCOTLAN	2d HOU
Maryland	1245
II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SCOTLAND SCOTLAND STAT ROUTE STAT ROUTE STATE ROUTE MATY I S STATE ROUTE RIGGEL II. SAME COUNTY RIGGEL III. MANDE RIGGEL III. CHY OR TOWN SCOTLAND III. CHY OR TOWN SCOTLAND III. CHY OR TOWN SCOTLAND III. CHY OR TOWN STATE ROUTE STATE ROUTE STATE ROUTE STATE ROUTE III. CHY OR TOWN STATE ROUTE STATE ROUTE III. CHY OR TOWN SCOTLAND III. CHY OR TOWN III. CHY OR TOWN SCOTLAND III. CHY OR TOWN III.	
Scotland Star Route USUAL RESIDENCE (# IN NUMBNO HOME ON OTHER NOTITUTION, orger assistance and separate provided by the control of the con	M
State Mary and St. Mary s Scotland St. Mary s Scotland St. Mary s State Route	
FATHER'S NAME Clarence Ridgell Hattie MIDDLE Norris Hattie Norris Norris Hattie Norris Norris Norris Hattie Norris	
166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Alcoholism Conditions; if only, which gove rise to immediate cause (o) Stating the underlying cause lost. (c) Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF Conditions; if any, which gove rise to immediate cause (a) stating the under-lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) UNDERLYING OR OR CONTRIBUTING OR OR PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) WHILE NOT WHILE SIGNIFICANT CONDITION (AT HOME, STREET, FACTORY, FARM, ETC.) 21d. INJURY OCCURRED (CITY OR TOWN COUNTY COUNT	
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF Conditions; if ony, which gove rise to immediate cause (o) stating the underlying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS UNDERLYING OR OR ONLY WHICH OPERATION WAS PERFORMED? 21d. INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) WHILE NOT WHILE SIGNIFICANT CONDITIONS CONTRIBUTING (AT HOME. STREET, FACTORY, FARM, ETC.) 21c. PLACE OF INJURY (AT HOME. STREET) CITY OR TOWN COUNTY 22c. L certify that I took charge of the remains described above, held on Autopsy Inspection (Inquiry IN), and in my opinion death resulted from: Natural causes, Inquiry (Inquiry IN), and in my opinion (Inquiry IN) (Inquiry IN), and in my opinion (Inquiry IN) (Inquiry IN) (Inquiry IN), and in my opinion (Inquiry IN) (Inq	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOP: YES 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING AMONTH DAY YEAR STREET CITY OR TOWN COUNTY 22a 1 certify that I taok charge of the remains described above, held on Autopsy I, Inspection K, Inquiry X, and in my apinian death resulted from: Natural causes X, Accident Suicide I, Homicide I, Undetermined manner I,	
22e I certify that I taok charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes, , Accident , Suicide , Homicide , Undetermined manner ,	
AT WORK AT WORK 22a certify that taok charge of the remains described above, held on Autopsy , Inspection K, Inquiry X, and in my apinian death resulted from: Natural causes X, Accident Suicide , Homicide , Undetermined manner ,	NO X
AT WORK AT WORK 22a certify that taok charge of the remains described above, held on Autopsy , Inspection K, Inquiry X, and in my apinian death resulted from: Natural causes X, Accident Suicide , Homicide , Undetermined manner ,	44
22e I certify that I taok charge of the remains described above, held on Autopsy , Inspection , Inquiry , ond in my apinian death resulted from: Natural causes, , Accident , Suicide , Homicide , Undetermined manner ,	STATE
SIGNATURE DATE SIGNED 3/12/	2
EXAMINER'S NAME WILLIAM D. BOYD, M.D. ADDRESS LEONARDTOWN, MARYLAND	
236. BURIAL CREMATION REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	TATE
Burial 3-13-82 St. Michaels Ridge, St. Mary's, Mary 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR S ST. MURE	
Brinsfield Funeral Home, Leonardtown, Maryland MAR 1 8 1982	



1		1	FOR			DEDARTM		MARYLAND H AND MENTAL	HYCIENE	17	11 2	1	3 7
6	3	11-	STATE REGISTRAR					CERTIFICATE	-	die	0 /	7	, ,
	-		CEASED NAME	FIRST	7710	WIDDIE	AAMIIIAEK 3	LAST		REG ATE KNOWN		DAY YEA	R 2h HOUR
	w	(TYF	E OR PRINT)	Ludit-		Λ				OF ESTI-	74		II HOOK
	EAS TICES PLES REET	3. SE)	I4 RA	Judith	ATE OF BIRTH	Ann	AGE (IN YEARS IF U	SIMMONS		DATE	MONTH 3	6 19 (B2 M
	DIRECTOR. OLR FILES. 72 HOURS ON STREET,			MC MC	t29,1	YEAR	23 YRS.		MIN' PRON	OUNCED	3		9:45 a M
	图章 美国	70 BI	RTHPLACE (STATE OF	7b. (CITIZEN OF W	HAT COUNT	272 8	RIED X NEVER MAI	PRIED 9. BA	LTIMORE CIT	Y OR COUN	TY OF DEATH	
	日本の日本の		shingto	n. DC	U.S.A		WIDO			. Mary	's Cou	intv.	MD
	SAME.	10 CI	TY OR TOWN OF DE	ATH 11.1	NAME OF HOS		ING HOME, OR OT	HER INSTITUTION	12a USUAL O	CCUPATION	TYPE OF WORK	12b. KIND OF	BUSINESS
	SCARROO		Hollywood	d /	off Li	ston R	load		Medic	WORKING LIFE)	yt.	ORINDU	
50	FANY PEU 2, AND 3 TO 3. RETAIN P SHOUID IS 11. RECORDS	130. S	L RESIDENCE (IF IN N	HIS COUNTY		13c. CITY C		13d. INSIDE CITY LIMITS	13e STREET A	DDRESS			1.54
2120	₹ 茶品	Man	cyland	Pr.Geo	rges	Bran	dywine	YES NO		Morar	no Dri	ive	
W	PM 3. ND 2 S. VITAL	14. FA	THER'S NAME	MID	DLE	LA	S1	15 MOTHER'S MAI	IDEN NAME	MIDDLE		LAST	
R.	SES AND A PL		Dr. Pasq	uale		DeF	elice	Glydor	1	Ann		Moore	
IWO	FORM ON OF	160. V	AS DECEASED EVE	R IN U.S. ARMED F			AL SECURITY NO.	17. INFORMANT		ADDR			
BALTIMORE, MD.	\$ 5 - 0 S		NO)	11/11/2		578-	86-0713	Robert	A. Sim	mons	Same	as #1	3 a-e
ST.,			18 CAUSE OF DEA	ATH (Enter anly and WAS CAUSED BY:	e cause per line	far (a), (b),	and (c).)					APPROXIM BETWEEN ON	ATE INTERVAL
N S	N 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, DI		Calle	IMMEDIATE CA				xide intox	kication		1000		
STO	AND	7	8710		DUE TO, OR	AS A CONS	EQUENCE OF					1 12 1	
E	NER	-	Conditions, if gave rise to		(b)								
×	ON THE PEN		cause (a) statin		DUE TO, OR	AS A CONS	EQUENCE OF						
8	ON PER IN			((c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON AFTER DEATH, DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - IRANISIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF BALTIMORE, MARXIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRI	IBUTING TO CEATH	BUT NOT RELATE	O TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN	PART 1 (a).				
REC	MEAL CR	5	19a. DATE OF OPER	RATION	Tigh CONDI	TION FOR W	HICH OPERATION	A/AS DEDECODALEDS				100 111700	-140
Z	SEE THE SEE	FIC			110. CONDI	IION POR W	METOFERATION	WAS FERFORMED!				20 AUTOP:	
>	T BREET	E .	21g. EXTERNAL CAL	JSE WAS	21b. TIME OF	FINITIRY	21, 1	HOW INJURY OCCUR	DED SENTENDE	05 0 10 10 10 10 10 10 10 10 10 10 10 10 1		YES C	K NO []
Ō	AH SHEET 3	MEDICAL CERTIFICATION	UNDERLYING [COR	HOUR A.M	MONTH D	DAY YEAR		KED TENIER MATORE	OF INJURY IN ITEM	TIS PART TOR PA	Rt 2)	
S	SHC SHC RIOJ	S	CONTRIBUTING		1 21e PLACE			Auto fire					
N	S CE RETITEDE	¥.	WHILE TO NO	T.WHILE TO	STREET, FAC	TORY, FARM, ETC.)	STREET		OR TOWN		UNTY	STATE
	HWAN Z		AT WORK	WORK		woods	of	f Liston F	₹d. Hol	Lywood	S	t. Mar	y's MD
	NA PROPERTY		22s. I certify that	Ltook charge of t	he rememorates	cribed abave	, held an <u>Auto</u>	psy , Inspect	tian . Inq	uiry .	and in my ap	omian	
-	MENDEN &		death resided from	79) Matural car	uses for	Accident	, Suicide L	, Hamicide	· Undetermine	d manner],		
	WAN WAR	103	ACTUAL ((di m	1/10	1. 1	1	TITLE (SPECIFY)					
	RE, ATH		SKINATURE	- CANA	ur)	umost	1 3	Deputy Ch	1 e fMEDICALE	XAMINER	DATE SIGNE	0_3/7/8	32
	MEDIA CUNE CONE CONE CONE CONE CONE CONE CONE CO		EXAMINER'S NAME	Thoma	s D. S	mith	M.D.		III Penn	S+	Ralto	., MD.	
	PAGE TO	23a BI	(TYPE OR PRINT)				ME OF CEMETERY				Dario	· , 110.	
		(5	Burial	Mar					23d. LOCATIO	N T	Cour		land
	BP	24 FL				Home.	Inc.	Lon Cem.	Clin'		GISTRANS S		Tallu
	DHMH - 17 (VR A15 ME (5))		3 01d A	lexande	r Fer	ry Rd	Clinton	Md. MA	R 1 9 100	- 477	reco	an/last	rav
	15M 2/80	20.	,5 010 11			THE PARTY		Nir	111 12 130	16 4100	D		

THINK OF John Harris and Carrier and Ca and the second of the second o interest to the section of the secti STILL BOOK STORES CONTROL OF STORES STORES STORES STORES The Trace . A. F. was for the control of the control of the first state of the control of the co

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME DATE KNOWN X XMONTH (TYPE OR PRINT) ESTI-Joseph Aloysius Swales 8 DEATH MATED 19 4 RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY 2d HOUR LAST BIRTHDAY) PRONOUNCED male black];25A July 18 1943 DEAD 38 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRIVID U.S.A. St. Mary's County DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 235 South Of Chancellors Run Rd FOR MOST OF WORKING UFE) Unemployed OR INDUSTRY California USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE Md. 64 K Millstone : Road St. Mary's exington Pk. NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME PAGES NAND 2 MIDDLE LAST MIDDLE Virgil Swales Mary Ella Barnes FORM DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES. NO. OR UNKNOWN) 220-40-5922 Virgil Swales Leonardtown. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Thermal injury IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HEALTH AND MI PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TOR: PACE 3 SHOULD BE USED A 1THE STATE DEPARTMENT OF HEA PAND, 21201 PRIGR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1.10/M 3/8 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WASTERDED PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3S AFTER DEATH, WITH THE STATE DEP BATTIMORE, MARYDAND, 21201 PR STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt235So Of ChancellorsRunRd, California. roadway 22a. I certify that I taak charge of the remains described above, held an Autapsy Y.Y Inspection Inquiry and in my opinion death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/8/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard M. D. ADDRESS_ 111 Penn Street Balto MD 21201 TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Leonardtown 3-13-82 St. Aloysius BP 250. DATE REC'D, BY REGISTRAR THE REGISTRARY AND THE 24 FUNERAL DIRECTOR **DHMH-17** W. Clarke Mattingley Leonardtown. Md. (VR A15 ME (5)) 15M 2/80



	1	#5, per B.C. 7/0 FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	07999
		ECEASED NAME FIRST PE OR PRINT) Paul	Brubacher		aver	March 12,	
	3 SI	Male	4. RACE White		DF BIRTH 27 22, 1982	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DATS HOURS MIN.
- See	Pa E	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIE WIDOWE	D NEVER MARRIED X	St. Mary	JNTY OF DEATH
100	1 N	echanicsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET AT home	IG HOME (OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS OR INDUSTRY
35		STATE TO COUR	lary's Mechani		LEG NO A	13e STREET ADDRESS 2,	Box 140GI
180	14. F		Weaver		15. MOTHER'S MAIDEN NA/ Elva	S. MIDDLE	Brubächer
medical .		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) None	RITY NO.	Elvin M. W	address eaver Same	as 13e.
r to burial, cremation, ar re injury, ar other traumotic e	N	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE OUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO CONTR	NCE OF	I weak NOT RELATED TO THE TERM	men extention in all disease or condition	July July Silven in Part 110
shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NO IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
is morked or Item 18	MEDICAL CE		P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) oftended the deceased from	YEAR 19 ARM, ETC)	211 LOCATION STREET 19	ED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
with the State Dept of IMPORTANT: If Item 21	(22d. PHYSICIAN'S NAME (TYPE O	I view the body after death.	n	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated 22c. DAIE SIGNED ASSOCIATED SIGNED
3 ₹	B	BURIAL, CREMATION, REMOVAL UFIAL	236 DATE 23c N	AME OF C	EMETERY OR CREMATORY ite Cem.	23d LOCATION LOVEVILLE	St. Mary s Md.
1/81		uneral director • Clarke Matt	ingley Leona	rdto	wn, Md.		STRAPSSICNATURAL

